PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3788

Reg. Dist. No. / 66

/					
I. PLACE OF DEATH			2. USUAL RESIDENCE (I		COUNTY Garrett
	orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY (in this place)		ate limits, write RUR	AL and give nearest town)
HOSPITAL OR		ty Memorial Hospi	STREET	(If rural, give l	ocation)
3. NAME OF	(First)	(Middie)	(Last)	4. DATE (M	ontb) (Day) (Year)
DECEASED (Type or Print)	Rufus		Bowser	OF DEATH A	pril 2 1951
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAITIEU	8. DATE OF BIRTH 3/11/1882		If under I year If under 24 bre Months Days Hours Min.
done during most of	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR	Cove, Maryl	or foreign country) and	12. CITIZEN OF WHAT COUNTRY?
13. FATRER'S NAM			14. MOTHER'S MAIDEN		
Bowse				atherine	
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates		17. INFORMANT	70 707 5	2
	service)	18. MEDICAL CE		Bowser - Wi	fe - Accident, Mo
Immediate // Anteceder Diseases nr o giving rise to		Myocardial Myocardial	rupture		Onset and Deate 10 minutes 5 days
Conditions contribu	CANT CONDITIONS thing to the death but not se or condition causing deat		o Caladas.		
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🖸
21. EXTERNAL CAPRIMARY or COCAUSE OF DEATH	NTRIBUTING OF	CE (Home, farm, factory, street, office hidg., etc.) URY	(CITY OR	TOWN) (COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?	
obtained by sai from: natural SIGNATURE	d Autopsy, Inspection o causes □, accident □ ATION DATE THERE	ins described above, held an Ar Inquiry, find that said dece , suicide , homicide , (Degree or title)	eased died on the day state undetermined []. ADDRESS	Taquiry ☐ ther d above, and death	in my opinion resulted DATE SIGNED 4/2/5/
Burial Spec	i(y) (4/3/51	Coxe geme		Cove, Garre	
DATE REC'D BY REG. 4/5	57. Juli	a l'ourse	Mn Slintes	-	antsville Md
					10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



ADMENTS VARIOUS

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 171

3789

/							
I. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (STATE Maryla:		COUNT	arett	v
CITY (If nutside c OR give nearest TOWN Rappa]	orporate limits, write RURA town) Bittinger	Land LENGTH OF STAY (in this place)	OR TOWN Rural	Bitting		e nearest tow	n)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R		STREET ADDRESS	(If rural, g	ive location)		
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)			namon	OF	april	29	1957
5. SEX Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH	9. AGE last hirth		Days Hour	
10s. USUAL OCCUP	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Rural Bittin	or foreign country)	12	COUNTRY?	WHAT
13. FATHER'S NAM	TE.	110110	1 14. MOTHER'S MAIDEN			Yes.	
Den	nas Brennamo		Mary Oster				
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown)	(If year, give war or dates o service)	None	Mrs Mary Br	ennamon.	Bitting	ger Mo	1
I. DISEASES OR CO	ONDITIONS DIRECTLY		ERTIFICATION	1	0	INTERVAL E	
Immediat	e cause (a)	berebral	garases	mag		Ida	2
7.2 1 V	nt cause(s) conditions, if any, (b)						
giving rise t	o the above cause underlying cause last	Sulekse	1	reniminates (es im en n imes sele induuries dev		25 4	sec
Canditlons contribu	ICANT CONDITIONS uting to the death but not use pr condition causing deat			TTO STEEL OF B O Builds Builds & with Distinguisses you be grown			*****************
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				1 20. AUTO	PSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	Yes (STAT	No []
TIME (Month)		INJURY OCCURRED	I HOW DID INJURY OF	CHR?			
OF INJURY	m.	While at Not While Work At work	12011 212 1110111 00			15	1
22. I hereby cert	ify that I attended the	e deceased from	, 1948, to Cefs 2	3.9, 19.57, t	hat I last s	aw the dec	eased
alive on SIGNATURE	(1.28, 19.7/, an	d that death occurred at	2.30Cc.m., from the	causes and on	the date st	ated above	GNED
		1. 14. Dans	U.D. A Juan	loull	Mod	Copi :	29
23. BURIAL, CREM REMOVAL (Spec BUR 1 8 I		NAME OF CEMETE		Bittinger	town, or fount	y) (S	itate)
DATE REC'D BY			24. FUNERAL DIRECTO	OR	rantsvi	ADDRES	s Md
	111101		and the line have	July or			

2 - E-Z 31 NO WARRED STRAR No. WARRED STRAR No. BUREAU VED

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3790

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY		MARYLAND	2. USUAL RESIDENCE MARYLA	0.000	COUNTY GARRETT
CITY (If outside co OR give nearest TOWN	orporate limits, write RURA town) OAKLAND			orate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	3		STREET ADDRESS	(If rural, give lo	ocation)
3. NAME OF DECEASED (Type or Print)	(First) HOSEA	(Middle)	(Last) BURGESS	4. DATE OF DEATH	onth) (Day) (Year)
MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1/18/1868	83 yrs.	If under 1 year If under 24 hrs Months Days Hours Min.
done during most of w	ATION (Give kind of work porking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Garrett Co	ounty. Mary	12. CITIZEN OF WHAT
13. FATHER'S NAM HARR	Y BURGESS		14. MOTHER'S MAIDE Elizabeth		
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	1 16. SOCIAL SECURITY NO. NONE 18. MEDICAL CEI		Rrazee, Fri	endsville, Md
Immediate Anteceden Diseases or c giving rise to	onditions, if any, tha above cause nderlying cause last	A ///	runoma)	ONSET AND DEATE
related to the disease	ting to the death but not se or condition causing deat RATION 19b. MAJOR F	h			20. AUTOPSY?
					Yes 🗹 No 🗆
21. EXTERNAL CAUPRIMARY OF COCAUSE OF DEATH	NTRIBUTING OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR		COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	injury occurred While at Not while work at work	HOW DID INJURY O	CCUR?	
obtained by said from: natural SIGNATURE	d Autopsy, Inspection or causes a decident	ins described above, held an A Inquiry, find that said deced , suicide □, homicide □, (Degree or title)	ased died on the day stat undetermined □. ADDRESS	ted above, and death	in my opinion resulted DATE SIGNED
REMOVAL ISpeci	(y) 4/60/19	51. Fike Cer	metery,	LOCATION (City, town	Glade. Md.
DATE REC'D BY	OCAL REGISTRAR'S	SIGNATURE	ZMIS OU D.	(m)	ADDRESS akland Md

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH	1.	MARWANA	2. USUAL RESIDENCE (I		COUNTY
	orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	CITY (If outside corpor		L and give nearest town)
TOWN RUTET	town dakland	70 this place)	TOWN Rural	Oakland	
HOSPITAL OR INSTITUTION OF			STREET ADDRESS O MA	(If rural, give lo	
STREET ADDRES	SS		ADDRESS 8 M1.	N W Oakla	and, Md.
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
DECEASED (Type or Print)	Truman	Clifford D	eWitt	OF DEATHAPT	il 5. 1951 ₁₉
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		If under I year ilf under 24 hrs
Male	White	WIDOWED DIVORCED (Specify) Mar 1 100	11/6/1880	70 yrs.	Months Days Hours Min.
done-during most of w	ATION (Give kind of work orking life, even if retired)	10b. Kino of Business on	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
	orking life, even if retired)	Farm' Owner	Maryland		UCOUNTRA?
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
John DeW			Margaret Ha	WK	•
(Yes. no, or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates service)	17 16. SOCIAL SECURITY NO.	17. INFORMANT		0 1 2 1 1/2
no	service)		Mrs. Peder B	assiand	Oakland, Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
		(2000	200 11101011	1,9 1,9 1,9 1,9 1,9 1,9	
Immediate	cause (a)	Change C	- CLAUCEUN	J	
420 Anteceden	t cause(s)	No a the			
	onditinns, if any, (b)	my ser und		4.004.000	
	the above cause nderlying cause iast	, ,			
1700	(c)				
II. OTHER SIGNIFIC	CANT CONDITIONS ting to the death but not				
related to the diseas	e or condition causing deal				
19a. DATE OF OPER	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🖸
21. EXTERNAL CAU PRIMARY □ or CO CAUSE ()F DEATH	JSE WAS PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (C	COUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m,	While at Not while work at work			
22. I certify that I	took charge of the remo	ins described above, held an A	Autopsy , Inspection	Inquiry there	son and from the evidence
from: natural	a Autopsy, Inspection o	r Inquiry, find that said dece ☐, suicide ☐, homicide ☐,	asea crea on the any state	a anove, and aeath	in my opinion resulted.
SIGNATURE	chaoco , archachi L	(Degree or title)	ADDRESS		DATE SIGNED
2076	20. Qa. 20	or and	Dallland	me	4/5/51
23. BURIAL, CREM	ATION DATE THERE	OF I NAME OF CEMETE	RY OR CREMATORY I	LOCATION (City, town	n. or county) (State)
REMOVAL Speci					nty. Md.
DATE REC'D BY I	OCAL REGISTRARYS	SIGNATURE	24. FUNERAL DIRECTO	R . 01-	ADDRESS
REG.	91/ 100	i (/owan	Westers C A	regulou 0	Dakland, Md.
1/	/		/		

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

age	MARYLAND STATE DEP	ARTMENT OF HEALTH	3792
ect s	CERTIFICAT	E OF DEATH	, 1 /
e correct	FOR MEDICAL		Reg. Dist. No.
The	I. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF STATE	DECEASED. COUNTY
y.	CITY (If optoide corporate/limits/ write RURAL/and LENGTH OF STAY	CITY (If ontside corporate limits, wr	te RURAL and give mearest town)
efu	TOWN the nearest town) Swanton to this wace	TOWN Metal	vanlon
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS / Mi East	STREET (If ru ADDRESS / - M	ral, give to cation)
matio arly s	3. NAME OF DECEASED (First) (Middle), DECEASED (Type or Print) (Lion Fildericks	(Last) 4. DATE OF DEAT	(Month) (Day) (Year)
infort th cle	SEX & COLOR OR RACE 7. SINGLE, MARRIED, DIVORCED,		birthday If under I year If under 24 hrs. Mouths Day's Hours Min.
m of	10a. USUAL OCCUPATION (Give kind of work of the control of the con	11. BIRTHPLACE (State or foreign country)	Country? WHAT
ry ite	13. FATHER'S NAME (3) Friend	MOTHER'S MAIDEN NAME	Comp.
Supply every item of information carefully write the causes of death clearly and legibly.	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uninfown) (If yes, give war or dates of service)	Mrs. Luces Frien	d Swanter Md
ppl ite	18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A A	ONSET AND DEATE
IK.	Immediate cause (a) Oronau	Occhesión	* **5 *5** *** *** \$0000 ***************
G IN	420 / Antecedent cause(s) Diseases or conditions, if any, (b) Queen fc	lerous	
DIN	glving rise to the above cause stating the underlying cause last		
WITH UNFADING INK.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
H (ant	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
/IT port	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN)	(COUNTY) (STATE)
N.E.	PRIMARY OB CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITT OR TOWN)	(COUNTY) (STATE)
Z Z	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
All	INJURY m. work at work		
WRITE PLAINLY, WITH U	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decedent	utopsy , Inspection , Inquiry	thereon and from the evidence
TE	from: natural causes 🖫 accident 🗀, suicide 🗀, homicide 📋,	undetermined [].	
/RI	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	care no	City, town, or county) (State)
AS	REMOVAL (Specify)	melery Location	City, town, or county) (State)
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE awar	24. FUNERAL DIRECTOR	les Blaire
		-7	10000 eva
			1 0 11 0

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

/					
1. PLACE OF DEATE		Henry MARYLAND	2. USUAL RESIDENCE STATE Maryl	77 674	COUNTY
	rporate limits, write RUR.	AL and LENGTH OF STAY			L and give nearest town)
HOSPITAL OR INSTITUTION OF	,		STREET	(If rural, give le	
STREET ADDRES	S		ADDRESS	Near McHen	ry, Md.
3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Glot	(Last) felty.	4. DATE (MOF DEATH	onth) (Day) (Year) 4 27 1 15
male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 6/8/1870	9. AGE last birthday	If under 1 year If under 24 hrs Months Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY retired Farme	11. BIRTHPLACE (State	or foreign country) Maryland	12. CITIZEN OF WHAT COUNTEY?
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME	U.D.A.
	esse Dlotfel		Ester Wa:		
(Yes, no, or unknown)	(If yes, give war or dates of	16. SOCIAL SECURITY NO.		ADDRESS	4
	service)	18. MEDICAL CE		ula Glotfel	ty, McHenry, M
I. DISEASES OR CO	NDITIONS DIRECTLY		fleart 5	idlas c	INTERVAL BETWEEN ONSERT AND DEATH
950 giving rise to stating the un	onditions, if any, the above cause nderlying cause last (c)	Javani.	N for 5	Jan	
19a. DATE OF OPER	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	OF		(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
	MANGE THEREOFFEE STATES	751 Flatwood	5:30P m., from the	causes and on the	date stated above. DATE SIGNED a, or county) (State)
			X		110101

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH	₹ •		2. USUAL RESIDENCE (H	HOME) OF DEC		-	
COUNTY	Eulodi	MARYLAND	STATE MARYLAN	n	COUNT	CARREGUE	r
CITY (If outside co	orporate limits, write RURA	L and LENGTH OF STAY	CITY (If outside corpora		URAL and gi	ve nearest town)
OR give nearest	town)	(in this place)	OR TETTER				,
TOWN	OAKLAND	6 MONTHS	TOWN KITZMIL		ive location)		
HOSPITAL OR INSTITUTION OF	R CADDONN GO	MINORTAL HOCKETAL	ADDDECC	(II rurai, g	ive location)		
STREET ADDRES		MEMORIAL HOSPITAL	1				
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	CHARLES	HENRY	HART	OF DEATH	APRIL	15	19 5]
5. SEX		7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birth		l year !If unde	
	WHITE	WIDOWED, DIVORCED,	MARCH 22,1870	81		l year If unde Days Hours	Mln.
MALE	ATION (Give kind of work)	(Specify) WTDOWED 10b. Kind of Business or	11. BIRTHPLACE (State o		yrs. (2. CITIZEN OF	TAT YE A OR
	vorking life, evon if retired)	INDUSTRY		i foreign country)		COUNTRY?	WHAT
			MARYLAND				
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME			
HART. H	Chav		WILSON, EMIL	Y .			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	1-0		
(Yes, no, or unknown)	(If yes, give war or dates of service)		Mhs Chas. M	U Har	4		
	(set vice)	18. MEDICAL CE		. , , , , , , ,		1	
		18. MEDICAL CE	RIFICATION			INTERVAL BE	TWINEN
I. DISEASES OR CO	ONDITIONS DIRECTLY L	EADING TO DEATH				ONSET AND	DEATH
	THE PARTY OF THE P	20101	0 - 1)				
Immediate	e cause (a)	- Command	s culture	/ 			
1201							
	nt cause(s)						
	conditions, if any, (b)		***************************************				
94 6 stating the u	inderlying cause last						
1	(c)					1	
II. OTHER SIGNIFI	CANT CONDITIONS	0 11	1			1	
Conditions contribu	uting to the death but not	(Kronta ha	Danso t	mande-	/		
	se or condition causing death	INDINGS OF OPERATION	20 1/000	Karela		20. AUTOP	QV9
19a. DATE OF OPE	RATION 198. MAJOR F	INDINGS OF OPERATION		0		20. AUTUR	ori
							No I
21. ACCIDENT		E (Home, farm, factory, street,	(CITY OR T	OWN)	(COUNTY) (STATE	3)
SUICIDE HOMICIDE	OF INJU	office bidg., etc.)	© 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF		While at Not While Work At work					
INJURY	m.	Work At work	1				
on Thombo and	ify that I attended the	decorand from (Mary)	5., 1950, to / MAI	1051	het I leet	now the deep	hone
22. I nereby cert	my that I attended the	deceased from	1. 7.D. O	, 10x	mat I last i	saw the dece	aseu
alive on	[A] 1951 and	I that death occurred at	.m., from the	causes and on	the date st	tated shove	
SIGNATURY		(Degree or title)	ADDRESS			DATE SIG	NED
5000	15.	1		h. A	. 1	11111	1
1617.1	1 Dem Si	mer no	Makkens /	No	4	116/21	
23. BURIAL, CREM	ATION DATE THEREO	F NAME OF CEMETE	BY OR CREMATORY I	OCATION (City	town, or cour	ity) (St	ste)
REMOVAL (Spec	cify) 11-17-	51 Henry	El 600 1000	· V	4 11.1	0. 1	,
	17	TON ATUDE	24. FUNERAL DIRECTO	P	mi	ADDRESS	
DATE REC'D BY REG. // / 7		SIGNATURE	A. FUNERAL DIRECTO	01.1	1.	ADDRESS	
REG.4-17.	5/ Illia	(1.11 owan	1 Upon CHS	wark	un	Share	M
				1/1	1 1 1 111	1010	<i>-</i>
				UV	6000	wo ou	4



Reg. Dist. No.....

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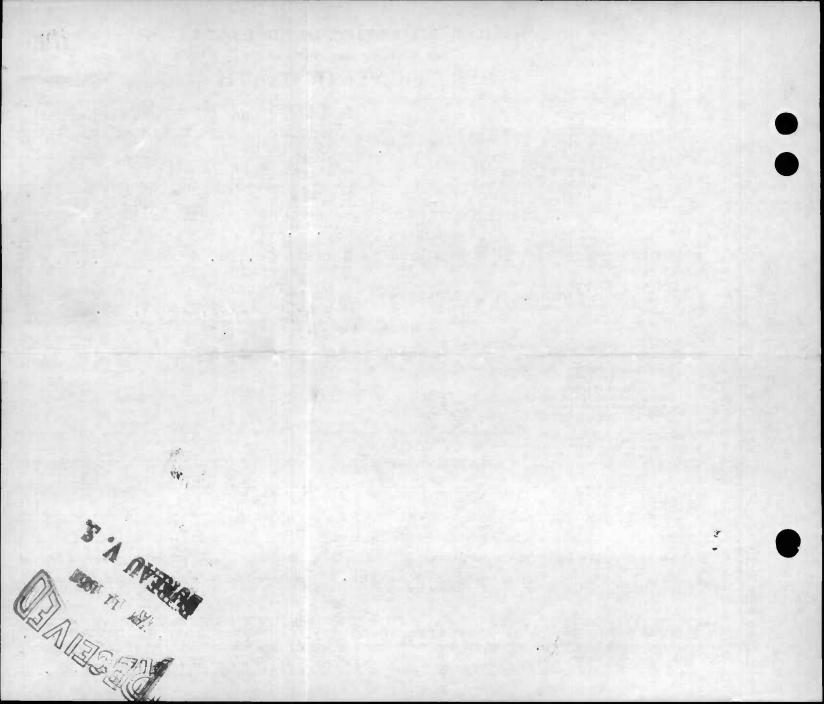
of information carefully. death clearly and legibly. every item Supply write the INK. DINFADING I ند ح , WITH important PLAINLY, is especially i

MARGIN RESERVED

回 WRIT PLEASE

CERTIFICATE OF DEATH

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED STATEMARY 1 and COUNTY Garrett COUNTYGarrett MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) Vindex TOWN Vindex HOSPITAL OR INSTITUTION OR East Vindex STREET ADDRESS STREET East Vindex give location) ADDRESS 3. NAME OF ALBERT (Middle) (Last) 4. DATE (Month) (Year) 51 DECEASED HARVEY April (Type or Print) DEATH 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE last birthday | If under 1 year | If under 24 hrs. WIDOWED, DIVORCED, (Specify) WIDOWED Nov. 9,1866 Months Days Hours Mal white 0 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during more of porking life, even if retired) carrett Co., Md. treat mines UCOUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Harvey Ruth Tasker Heawatha Harvey, Vindex, Md. 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, problem known) (If yes, give war or dates of service) None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION No C PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work INJURY At work 195, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... and that death occurred at 2P. alive on.m., from the causes and on the date stated above. ADDRESS (Degree or title) SIGNATURE DATE SIGNED LOCATION (City, town, or county) NAME OF CEMETERY OF CREMATORY 23 BURIAL, CREMATION FREMOVAL (Specify) Harvey Cemetery Otha F. Sharpless, Blaine, DATE REC'D, BY LOCAL ADDRESS



VS. A15

The correct age

H

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

3796

MARYLAND	2. USUAL RESIDENCE (I STATE Marylan		Garrett
te RURAL and LENGTH OF STAY (in this place)			re nearest town)
	STREET ADDRESS	(If rural give location)	
	(Last) Inson	4. DATE (Month) OF APPIL	(Day) (Year) 10, 19519
RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday If under Months	1 year If under 24 hrs. Days Hours Min.
of work 10h Kram on Brighand on	Sang Run, Md.		Country
n	Clara C. Sines		
or dates of 232-10-2056		Johnson	
	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
(b) An Invalide F t (c) Accident.	or 7 Years Fo	llowing an	
CAPOR FINDINGS OF OFERALION			20. AUTOPSY?
PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR	TOWN) (COUNTY)	Yes 🗆 No 🍒
PLACE (Home, farm, factory, street, OF office bldg., etc.)	HOW DID INJURY OC		Yes No K
	(Middle) Torman (Middle) (Middle) Torman (Middle) Tor	MARYLAND te RURAL and LENGTH OF STAY (in this place) (Middle) (Middle) (Middle) (Last) Johnson ACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married Sang Run, Md. of work retired) I 10b. Kind of Business or II. Birthplace (State of Sang Run, Md. FORCES? 16. Social Security No. 232-10-2056 IS. MEDICAL CERTIFICATION ECTLY LEADING TO DEATH (a) Apoplexia (b) An Inviliate For 7 Years Found of Social Security Secur	te RURAL and LENGTH OF STAY (In this place) CITY (If outside corporate limits, write RURAL and give location) CITY (If outside corporate limits, write RURAL and give location) MARYLAND CITY (If outside corporate limits, write RURAL and give location) MIDOWED (ILast) Johnson CACE 7. SINGLE, MARRIED, MARRIED, S. DATE OF BIRTH 9. AGE last birthday If under limits May 2. 1884 66 yrs. May 2. 1884 66 yrs. Married May 2. 1884 66 yrs. INDUSTRY 10b. Kind of Business or 11. Birthplace (State or foreign country) 12 Sang Run, Md. 14. MOTHER'S MAIDEN NAME Clara C. Sines FORCES? 16. Social Security No. 17. Informant 18. Medical Certification ECTLY LEADING TO DEATH Apollexia Apollexia (a) An Invalide For 7 Years Following an (b) Accident.

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. COUNTY Garrett 2. USUAL RESIDENCE (HOME) OF DECEASED-STATE Maryland COUNTYGarrett MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and OR give nRural - Swanton BYTOUT. TOWNRUTAL- Swanton HOSPITAL OR INSTITUTION OR STREET (If rural, give location) Altamont Altamont ADDRESS STREET ADDRESS 3. NAME OF (Middle) (First) (Last) 4. DATE (Month) (Dav) (Year) DECEASED Jarob Roderick Tee April 15, (Type or Print) DEATH 1951 oct. 29,1875 6. CQLOR OR RACE 7. SINGLE, MARRIED If under I year Months | Dan 9. AGE last birthday If under 24 hrs. White WIDOWED DIVORCED (Specify) Married male Hours | Min. 10b. Kind of Business on IndustrRailroad 10a. USUAL OCCUPATION (Give kind of work near Steyer, Garrett CO Md 12. CUTIZEN OF WHAT done during mortefrenting life, even if retired) Margaret Susan Dimmit 13. FATHER'S NAME Abraha m Lee 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) [(II) yes, give war or dates of 705-05-9385] Mrs. Mae Lee, Swanton, Md. NO service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT *PLACE (Home, farm, factory, street, (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work | 22. I hereby certify that I attended the deceased from 1940, to Cell J, 1951, that I last saw the deceased 14, 19.51, and that death occurred at 9:05P. m., from the causes and on the date stated above. alive on (Degree or title) ADDRESS SIGNATURE DATE SIGNED 23 BRUELAL, CREMATION
BRUELUVAL (Specify) George Cemetery or Crematory LOCATION (City, town, or county) Cemetery Swanton, Garrett Co.Md. DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS F Sharpless, Blaine,

death clearly and Supply every item write the causes of c MARGIN RESERVED INK. PLAINLY, WITH UNFADING sespecially important. Physicians:

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ion carefully.

PLEASE

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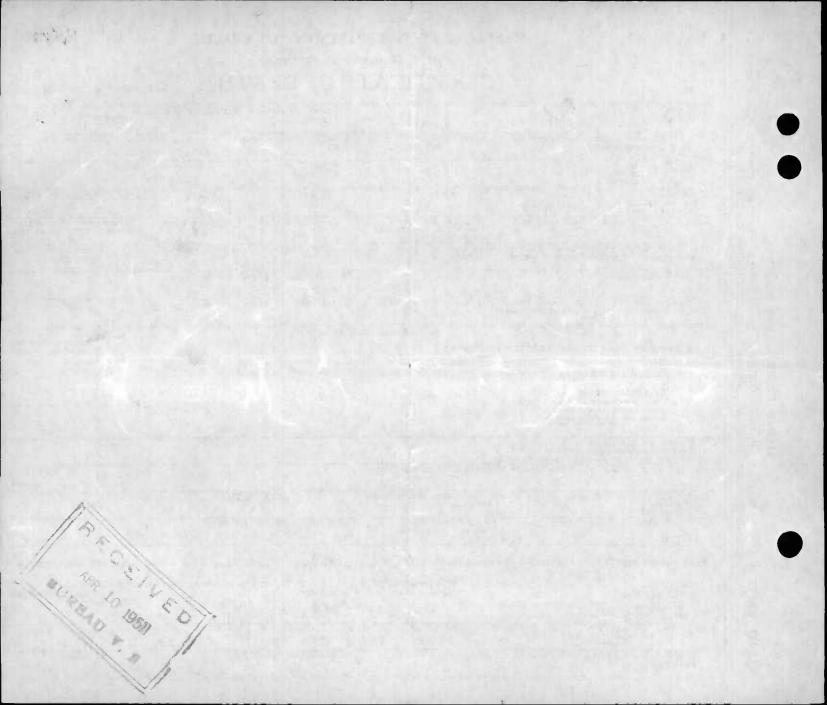


2411 N. Charles Street, Baltimore

/		CERTIFICAT	E OF DEAT	TH	Reg. Dist. N	0.166	2
1. PLACE OF DEATH	9-11	. Rd. #1	2. USUAL RESIDENCE	(HOME) OF D	ECEASED.		
counti Gari	rett, Oaklan	C, MARYLAND	STATE Maryla	nd Fa	rrett	Y	
CITY (If outside co	rporate limits, write RURA	AL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write	RURAL and of	ve negrost tos	wn)
OR give nearest	Tand, Md.,	Rural (in this place) in	e OR Oaklan	id, Md.	Rural #	1.	
HOSPITAL OR			STREET	(If rural	, give location)		
INSTITUTION OR STREET ADDRES	S		ADDRESS	Ru	ral		
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day)	(Year
DECEASED (Type or Print)	Benjamkn	Franklin	Lewis	OF DEATH	4/5/1		19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		rthday If under	1 year If une	der 24 h
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily)	3/5/1872	79	yrs. Months	Days Hou	re Mi
10a. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign countr		2. CITIZEN O	P WHA
done during most of we	orking life, even if retired)	Farming			77.0	COUNTRY	
13. FATHER'S NAMI		- I WI WALLE	Cranesvil	NAME	V.CL.	Hellei	
	Freeman W.	Lewis.		Ann Lew	is		
	ER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND			1	
	(If yes, give war or dates o service)	none	Walter C.		Route #.		
Contraction of the Contraction o		18. MEDICAL CE		Lewis,	Uakland	d, Md.	
r prominged on do	IDIMIANA DIDEAMY W		BIFFICATION			INTERVAL I	Berwa
I. DISEASES OR CO.	NDITIONS DIRECTLY	LEADING TO DEATH	7	10		ONSET AND	DEAT
o giving rise to	onditions, if any, the above cause iderlying cause last (c)				************************	-9 44 44 44 10000000000000000000000000000	***************************************
Conditions contribut	ing to the death hut not e or condition causing deatl						
19a. DATE OF OPER	ATION 196. MAJOR F	INDINGS OF OPERATION				20. AUTO	PSY?
						Yes 🗆	No [
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.) RY	(CITY OR	TOWN)	(COUNTY)	(STAT	(E)
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CCUR?			
OF INJURY	m.	While at Not While Work At work					
			n 4/	11			- (
22. I hereby certif	y that I attended the	deceased from 10/22	e., 19.7./., to	.T, 19≿./,	that I last s	aw the dec	ceased
alive on 4	4/5/ 19 and	d that death occurred at	:30 A m. from the	he cantee and	on the date at	atad ahawa	
SIGNATURE /	V=(., ==)	(Degree or title)	ADDRESS	Causes and	l viid date st	DATE SI	GNED
180	surge tres	MN	Dalland /	20	451	51	
23. BURIAL, CREMA REMOVAL (Specif	TION DATE THEREO	NAME OF CEMETE	RY OR CREMATORY Lly Cemetery				State)
DATE REC'D BY	- (1 +/ -/ -/	SIGNATURE PAINE	24. FUNERAL DIRECTO	DR O	Swallow,		Md
REG. 4/8/	51 Julio	(Cowan	Emisoy N.	Bold	ee Vak, Lar	addres	
	and the second s						

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



		CERTIFICAT	E OF DEAT	CH R	eg. Dist. No	166
1. PLACE OF DEATH COUNTY GE	ırett	MARYLAND	2. USUAL RESIDENCE (STATE West Vi	rginia	COUNTY	
OR givOKKI	orporate limits, write RURA	LENGTH OF STAY 5(indabje)	CITY (If outside corpor OR TOWN Prest on	rate limits, write RI	JRAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	Carrett Count	y, Memorial Hospita	STREET ADDRESS	(If rural, gi	ve location)	V
3. NAME OF DECEASED (Type or Print)	(First) Cathy	(Middle)	Robinson	4. DATE OF DEATH	(Month) April, 9	(Day) 1951(Year)
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 4/3/1951		rs. Months	0
	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland (O)		12.	CITIZEN OF WHAT
Robinson.						
15. WAS DECRASED E	/ER IN U.S. ARMED FORCES: (If yes, give war or dates of service)		Matlick, Bet	ADDRESS	10	
Immediate 776X Anteceder Diseases or	it cause(s)	18. MEDICAL CE	2	w\		INTERVAL BETWEEN ONSET AND DEATE
11. OTHER SIGNIFI Conditions contribu	che above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not					
	e or condition causing deat RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOPSY?
21. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR	rown)	(COUNTY)	Yes No (STATE)
HOMICIDE TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
	19, and the second	F NAME OF CEMETE	m., from the ADDRESS kland, Maryland RY OR CREMATORY	causes and on control (City, City, C	4/9/	ted above. DATE SIGNED
DATE REC'D BY	l REGISTRAR'S	SIGNATURE	Emroy D. Bolde)K	nd, Md.	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH CA

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Garrett MARYLAND	STATE Waryland 20. 1/6 COUNTY Garrett
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
Town Oakland	TOWN DAKLANG Tinespeed
HOSPITAL OR INSTITUTION OR	STREET (If runal, give location)
STREET ADDRESS Garrett County Memorial Hospit	
3. NAME OF (First) (Middle) DECEASED	(Last) Twin 1 4. DATE (Month) (Day) (Year)
(Type or Print) Mlchael Alan	Robinson DEATH April 10 151
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr
Male White WIDOWED, DIVORCED, (Specify) Single	4/16/51 yrs. Months Pays Hours Min.
10a. USUAL OCCUPATION (Give klod of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Mary raid
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robinson, Donald Ray	Matlick, Betty Geraldine
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
laervice)	Donald Robinson - Father- Kingwood, W. Va.
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
16 miles	Infant - 7 Mas Theys.
Immediate cause (a)	Jago.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yea 🗆 No 🖂
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	NOW DID INJURY OCCUR?
	D 100 F/
22. I hereby certify that I attended the deceased from 3. C./h	CY A ' /
alive on 10 0 11, 19, and that death occurred at	ADDRESS DATE SIGNED
B.E. Mane Min St	Miland Med 18 apr 51
23. NUME OF CEMETER NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
Removal 4/10/51 Kingwood	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4/10/51 Julia A.Rowan.	Busoup D. Roller Holder Manuel War

BUREAU V.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEAT	.H.		2. USUAL RESIDENCE (HOME) OF DEC			
COUNTY	rrett	MARYLAND	STATE	and	COUN	TY	rrett
CITY (If outside o	corporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor		RURAL and	give neares	st town)
OR give neares		(in this place)	TOWN RITE	7 - Fra -	iendsv	ille	
HOSPITAL OR			STREET		give location)		
INSTITUTION O	R Kiser Nu	rsing Home	ADDRESS				
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day)	(37)
DECEASED				OF	(Monen)	(Day)	
(Type or Print)	Robert .	1 7. SINGLE, MARRIED.	erling	DEATH	4	- (1951
5. SEX	White	WIDOWED, DIVORCED, (Specify)	3/24/1882	9. AGE last birt	yra. Month		Hours Mln.
	PATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country		I2. CITIZI	EN OF WHAT
done during most of	working life, even if retired)	INDUSTRY Self	liaryland			COUNTR	U.S.
13. FATHER'S NAM	Æ		14. MOTHER'S MAIDEN	NAME			
Č	John Henry St	terling	Sarah El	izabeth	Lewis		
I5. WAS DECRASED E	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	I IT. INFORMANT AND	ADDRESS			
(Yes, no, or unknown)	(If year, give war or dates service)	of		Schroye	املي ل ملاد	mends	wille
	1 100 1100			301120,			
	ALIDERIANA DIBRIANI	18. MEDICAL CE	BTIFICATION			INTER	VAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	. 0			ONSET	AND DEATH
Immedia	to compo (a)	reart +	arline			1/2	veel ?
Immedia	le cause (*/****	7 B,	bascular	*******************************			**************************************
23/X Antecede	nt cause(s)	1000		0	0	1 -	
Diseases or	conditions, if any, (b)	Ud Cerebra	rescular	nec	dent	77	nombi
giving rise t	to the above cause			******** ****************************	**************		P-07-07-05-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
0000 stating the	underlying cause last						
II. OTHER SIGNIF	ICANT CONDITIONS					*****	
	uting to the death but not ase or condition causing deat	th.					
		FINDINGS OF OPERATION				1 20. A	UTOPSY?
no	ne					7/	C C
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown)	(COUNT	Y) (S	No DETATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY OC	CIIDa			
OF		While at Not While	HOW DID INJURI OC	CURI			
INJURY	m,	Work At work					
22 I horoby core	tify that I attended th	e deceased from Och A	10 50 to ales	7 1051	Abak T last	41	
22. I hereby ter	1		A /				
alive on	195 / an	d that death occurred at	ron the	causes and or	the date	stated al	OVA
SIGNATURE		(Degree or title)	ADDRESS	8		DAT	E SIGNED
4	2 Pust	- M A.	Malla	1 11	1 :	01	,
Unama	10.70	7 // . ~ .	caman	a, Ina		oug	431
23. BURIAL, CREM REMOVAL (Spe		777	44	LOCATION (City	, town, or cou	inty)	(State)
Burial	4/9/2	L BLooming		Near F	riends	ville	. 16d .
DATE REC'D BY REG. 24-9-	LOCAL REGISTRAR'S	SIGNATURE	FUNERAL DIRECTO	A m	Jak)	ADD	RESS
	- 1 1 m	1 1 1 1 1	WILL WALL OF THE			wo	



CERTIFICATE OF DEATH

		CERTIFICAT			No. / 6 2
1. PLACE OF DEATH- COUNTY	Garett		STATE -	(HOME) OF DECEASED.	'TYGarett
CITY (If outside cor	porate limita, write RUR.	MARYLAND AL and LENGTH OF STAY	CITY (If outside cor	porate limits, write RURAL and	give nearest town)
	antsville	(in this place)		tsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	3		STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	Warnick 18. DATE OF BIRTH	DEATH April 9. AGE last birthday If und	17 19 5
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) all Inches	11-5-1868	82 yrs. Month	hs. Days Hours Min.
done during most of to	TION (Give kind of work tking life, even if retired)	INDUSTRY	II. BIRTHPLACE (State		12. CITIZEN OF WHAT
13. FATHER'S NAME		l Farmer	R.D.2 Gran	EN NAME	4.5.00
	ald Warnick		220.0220	Otto	
	ER IN U.S. ARMED FORCES (If year, give war or dates of service)		Emons War		
	22.2 20 015		0		
11. OTHER SIGNIFIC	onditions, if any, (b)	arteriase	lerasio		
giving rise to stating the unit of the unit of the unit of the disease stated to the disease	the above cause derlying cause last (c) CANT CONDITIONS ing to the death but not a or condition causing deat	arteriase	lerssio		1 26 AUTOPSV7
giving rise to stating the unit of the conditions contributions contributions to the disease	the above cause derlying cause last (c) CANT CONDITIONS ing to the death but not a or condition causing deat	Azleriasc th. FINDINGS OF OPERATION	lerasio		20. AUTOPSY? Yes \(\text{No} \(\text{No} \(\text{C} \)
giving rise to stating the unit of the uni	the above cause derlying cause last (c). CANT CONDITIONS ing to the death but not sor condition causing deat ATION 19b. MAJOR 1 (Specify) PLA	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.)	lerasio	R TOWN) (COUNT	Yes No No
giving rise to stating the unit of the uni	the above cause derlying cause last (c) CANT CONDITIONS ing to the death but not sor condition causing deat ATION 19b. MAJOR 1 (Specify) PLA	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.)	(CITY O)		Yes No
giving rise to stating the unit of the uni	cause last (c) CANT CONDITIONS ing to the death but not sor condition causing deat ATION 19b. MAJOR 1 (Specify) PLA OF INJI (Day) (Year) (Hour)	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR	Yes No C
giving rise to stating the unit of the uni	cause last certain cause last can't CONDITIONS ing to the death but not or condition causing deat ATION 19b. MAJOR 1 (Specify) PLA OF INJI (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY		Yes No OYY) (STATE) Saw the deceased stated above. DATE SIGNED
giving rise to stating the unit of stating the unit of the unit of the disease Ipa. DATE OF OPER. 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certification of the unit of the	che above cause derlying cause last (c). CANT CONDITIONS ing to the death but not so or condition causing death artion 19b. MAJOR (Specify) PLA OF INJI (Day) (Year) (Hour) m.	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OF THE ADDRESS ERY OR OR OR EMATORY	, 19.5, that I last	Yes No STATE) Saw the deceased stated above. DATE SIGNED (State)



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. / 66

3803

COUNTY GARRETT CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) OR give nearest town) TOWN () AKLANI), MARYLAND STREET (If rural, give location) NESTRUTION NESTRUTION NESTRUTION NAME OF (First) NAME OF (First) NAME OF (First) OR STREET (Month) NAME OF (First)
OR give nearest town) OAKLAND OON OON OON OON OON OON OON OON OON O
TOWN OAKLAND TOWN
HOSPITAL OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOS. STREET ADDRESS (If rural, give location) (If per, give location) STREET ADDRESS (If rural, give location) (If per, give location per location l
STREET ADDRESS GARRETT COUNTY MEMORIAL HOS. 3. NAME OF DECEASED TO STREET COUNTY MEMORIAL HOS. 3. NAME OF DECEASED TO STREET COUNTY MEMORIAL HOS. 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) (Type or Print) (S. SEX MARKED) (S. SEX MILE WILL WILL WILL STAND (S. SEX) (S. SEX MONTH) (S. SINGLE, MARRIED, WILDOWED, DIVORCED, DI
DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE White (Specify) 108. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 108. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 108. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 109. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 110. WENDERN 120. COUNTRY? 121. CITIZEN OF WHAT COUNTRY? 122. CITIZEN OF WHAT COUNTRY? 123. FATHER'S NAME WEIMER, VERYL EUGENE 134. MOTHER'S MAIDEN NAME WEIMER, VERYL EUGENE 155. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. NONE 187. MEDICAL CERTIFICATION 188. MEDICAL CERTIFICATION 198. MEDICAL CERTIFICATION 199. Antecedent cause (8) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death. 199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 190. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 190. AUTOPSY? Yes NO 190. AUTOPSY? Yes NO 190. AUTOPSY? Yes NO 190. AUTOPSY? Yes NO 190. AUTOPSY?
(Type or Vrint) 6. COLOR OR RACE WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, Specify) SINGLE WARCH 28, 1951 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11s. BIRTIPLACE (State or foreign country) 12c. CITIZEN OF WHAT COUNTRY? MARYLAND 14s. MOTHER'S MAIDEN NAME BITTINGER, RUTH WANDELLE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of NONE 18s. MEDICAL CERTIFICATION 18s. MEDICAL CERTIFICATION 19s. MARCH 28, 1951 19s. MARCH 28, 1951 11s. BIRTIPLACE (State or foreign country) 11s. BIRTIPLACE (State or foreign country) 12c. CITIZEN OF WHAT COUNTRY? Windows 11s. MARCH 28, 1951 11s. BIRTIPLACE (State or foreign country) 12c. CITIZEN OF WHAT COUNTRY? 12c. CITIZEN OF BIRTH 13r. MARCH 28, 1951 14c. MOTHER'S MAIDEN NAME BITTINGER, RUTH WANDELLE 15c. WAS DECRASED EVER IN U.S. ARMED FORCES? 16c. SOCIAL SECURITY NO. 17c. INFORMANT (AND ADDRESS) 17c. MARCH 28, 1951 17c. MARCH
male white (Specify) SINGLED, MARCH 28, 1951 yrs. Months Days Hours Min. 10s. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 10s. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 11s. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? MARYLAND 13. FATHER'S NAME WEIMER, VERYL EUGENE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (AND ADDRESS OF COUNTRY) 18. MEDICAL CERTIFICATION 19. Antecedent cause(S) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No
male will be (specify) single MARCH 28, 1951 ym. 10s. USUAL OCCUPATION (give kind of work done during most of working life, evon if retired) NEWBORN 13. FATHER'S NAME WEIMER, VERYL EUGENE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of ervice) NONE 16. SOCIAL SECURITY NO. 17. INFORMANT (AND ADDRESS (Yes, no, or unknown) (if yes, give war or dates of ervice) NONE 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Immediate cause (a)
108. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 108. Kind of Business or MARYLAND 118. FATHER'S NAME WEIMER, VERYL EUGENE 119. MOTHER'S MAIDEN NAME WEIMER, VERYL EUGENE 119. MOTHER'S MAIDEN NAME WEIMER, VERYL EUGENE 110. Social Security No. MONE 111. BIRTHPLACE (State or foreign country) MARYLAND 112. CITZEN OF WHAT COUNTRY? MARYLAND 113. FATHER'S MAIDEN NAME BITTINGER, RUTH WANDELLE 114. MOTHER'S MAIDEN NAME BITTINGER, RUTH WANDELLE 115. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of NONE 118. MEDICAL CERTIFICATION 119. MEDICAL CERTIFICATION 119. MATHER'S MAIDEN NAME BITTINGER, RUTH WANDELLE 119. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 110. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1192. DATE OF OPERATION 1935. MAJOR FINDINGS OF OPERATION 110. MARYLAND 114. MOTHER'S MAIDEN NAME BITTINGER, RUTH WANDELLE BITTINGER, RUTH WANDEL
MARYLAND MAR
13. FATHER'S NAME WETMER, VERYL EUGENE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of NONE 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Immediate cause (a) PREMATURATURATURATURATURATURATURATURATURATUR
WEIMER, VERYL EUGENE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of NONE 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) NONE 18. Medical Certification 19. Diseases or conditions directly Leading to death Immediate cause (a)
(Yes, no, or unknown) Service) NONE Unit (august flumb) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Immediate cause (a) Rematority (8 mos.) 7
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) PREMATURITY (B MOS Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes \(\) No \(\)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)
Immediate cause (a) PREMATURITY (b) Chys Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes \(\) No \(\)
7 76 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes \(\) No \(\)
7 76 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes \(\) No \(\)
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Stating the underlying cause last (c) (c) (d) (e) (e) (e) (f)
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Yes \(\text{No} \) No \(\text{No} \)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No
Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)
HOMICIDE INJURY : TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?
OF While at Not While
INJURY m. Work At work }
22. I hereby certify that I attended the deceased from 3 - 28, 1951, to 5 - 5, 1951, that I last saw the deceased
alive on 4-3, and that death occurred at
(Degree or title) ADDRESS DATE SIGNED
SIGNATURE IN Create TM.D 58 2red St. Opicland, and 4-3-51
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State)
Thereas (1) 10 yarrans luggery yarrans mar
DATE REC'D BY LOCAL WEGISTAR'S SIGNATURE 24 JUNEAU PIECTOR
409. 57 Julia C. Owan Herbert Co Lewston Calsland Md.